



JULY 17-21, 2016
EASTERN ILLINOIS UNIVERSITY
CHARLESTON, IL

Summer Leadership Conference

The Cebirin Goodman Teen Institute is a 5-day youth leadership conference sponsored by the Illinois Alcoholism and Drug Dependence Association (IADDA). It is an award-winning program that offers opportunities for teens around the state to learn about leadership, healthy choices, and working with others to create better communities.

“Ignite Your
Passion”

2016

Illinois Sheriffs’
Association
Scholarship
Application for
Participants

Application Deadline
for Scholarship
Consideration from
ISA: April 15

A PROGRAM OF:
IADDA

937 S. Second St.
Springfield, IL 62704

www.os-cgti.org

217.528.7335 ext. 12

awebb@iadda.org



Who should attend?

The Cebrin Goodman Teen Institute (CGTI) is open to any student that will be entering 7th-12th grade during the 2016-2017 school year.

Participants should be students who:

- Are proud to be an alcohol, tobacco, and drug-free student.
- Are motivated to give service to their school and community.
- Have the desire to develop and utilize their leadership skills.
- Will reach out to others and value diversity.
- Want to have fun, meet new people, and have an experience of a lifetime!

What do we do at CGTI?

CGTI is an experience that is hard to describe in words. Youth will hear nationally (sometimes internationally) known motivational speakers daily and attend four workshops throughout the 5 days. CGTI leaves plenty of time for fun! There is Monday night entertainment, Tuesday Night Live (talent show), a celebration dance, and plenty of free-time to swim, bowl, and meet new people.

In addition to hearing from speakers, participants will take part in teambuilding activities, discussion groups, and Community Action Teams (CATs), which identify the needs in your own community and develop a plan of action!

When and where is CGTI 2016?

Sunday, July 17 – Thursday, July 21, 2016

Registration is from 12:30-3:00PM on Sunday, July 17. CGTI will conclude at approximately 12:30PM on Thursday, July 21. CGTI will be held at Eastern Illinois University (EIU) in Charleston, IL.

What is the cost?

The registration fee is \$319 per person through May 2. This includes tuition, meals, lodging, all workshop material, a t-shirt, entertainment, and activities. If awarded a scholarship, it will cover this registration fee.

Illinois Sheriffs' Association (ISA) Scholarship

Applying for an ISA scholarship does not guarantee funding for CGTI. IADDA will notify you in May if you have been awarded an ISA scholarship.

What else should I know about CGTI?

Transportation: Transportation is available from 7 different locations; Schaumburg, Elmwood Park, Wilmington, Champaign, Peoria, Bloomington, and Springfield.

The roundtrip transportation fee is \$20 per person. The fee is not covered by scholarship and must be attached to the application for a seat to be reserved.

Additional details about the pick-up/drop-off location and times at a later date. Transportation is limited and is first come, first serve.

Lodging: CGTI participants will be staying in dorms on EIU's campus. Males and females will stay on separate floors. Adult staff will be present on every floor for supervision. Each participant will have a roommate. Participants will select their roommate, along with their workshop choices when they receive their acceptance letter.

Meals: Meals are provided by EIU and offer a variety of entrée options. Special dietary needs should be indicated on the application.

Sunday: Dinner only

Monday-Wednesday: Breakfast, lunch & dinner

Thursday: Breakfast only

Additional snacks and beverages will be available for purchase this year in the CGTI store.

Medical: A nurse will be present 24 hours a day for first-aid care and to dispense any prescribed medication. A local hospital will be used should any attendee require further medical treatment.

Volunteer Staff: The Cebrin Goodman Teen Institute is staffed by adult volunteers chosen by IADDA. All volunteers go through an extensive interview process including a background check. Volunteer Staff take part in a two-day training prior to the arrival of participants.

Questions: Contact Ashley Webb, Prevention Program Manager at IADDA, awebb@iadda.org or call 217.528.7335 x12.



Office Use Only:

Slot # _____ Sponsor # _____ Participant Paid _____

In-House Sponsor _____ Bus Fee Paid _____

Total Paid _____ Postcard Sent _____

Participant Application

July 17-21, 2016 at Eastern Illinois University

Bus Transportation Fee: \$20 – If you plan to utilize, payment must be attached to application

Application deadline for scholarship consideration from the ISA: April 15, 2016

PARTICIPANT INFORMATION

I will be attending CGTI as a: (grade you <u>will be</u> entering next Fall for the 2016-2017 school year)						
<input type="checkbox"/> 1 st Year Middle School Participant (Entering 7 th or 8 th grade and attending for the first time as a Middle School participant)						
<input type="checkbox"/> 2 nd Year Middle School Participant (Entering 8 th grade and attending for the second time as a Middle School participant)						
<input type="checkbox"/> 1 st Year High School Participant (Entering 9 th -12 th grade and attending for the first time as a High School participant)						
<input type="checkbox"/> 2 nd Year High School Participant (Entering 10 th -12 th grade and attending for the second time as a High School participant)						
<input type="checkbox"/> 3 rd Year High School Participant (Entering 11 th -12 th grade and attending for the third time as a High School participant)						
<input type="checkbox"/> 4 th Year High School Participant (Entering 12 th grade and attending for the fourth time as a High School Participant)						
I'm attending CGTI (check one): <input type="checkbox"/> For the first time <input type="checkbox"/> As a returning participant						
First Name:				Last Name:		
Street Address:						
City:		State:	Zip Code:		County:	
Participant's Phone Number:				Participant's Email Address:		
Gender:	Date of Birth:	Current Age:	Grade you <u>will be</u> entering next Fall (2016-2017 school year):			
			7	8	9	10 11 12
Ethnicity: African American Asian Caucasian Native American Latino/a More Than One Other						
School Name:						
Team/OS Name (that you work with in your school/community):				Adult/Mentor's Name:		
Shirt Size: (circle one) Small Medium Large XL XXL XXXL						

Please notify IADDA of any address change prior to the start of CGTI

PARENT/GUARDIAN INFORMATION

First Name:		Last Name:	
Street Address:			
City:		State:	Zip Code:
Primary Phone Number		Secondary Phone Number:	Relationship to Participant:
Email Address:			

EMERGENCY CONTACT

**Emergency contact must be different than the name listed above

First Name:		Last Name:	
Primary Phone Number:		Relationship to Participant:	

HEALTH INFORMATION

Please list ALL known allergies (Medications, food, insect stings, seasonal, etc.)	<u>REACTION</u>	<u>MANAGEMENT</u>

Are you being treated by a physician for any medical issues? If so, please list:

Do you have any special needs? (E.g. wheelchair, visual/hearing impaired, crutches, etc.):

Do you have any dietary restrictions?

Please list any prescribed medications, dosage, and when the medication is taken:

CONSENT FOR MEDICAL TREATMENT

My signature below indicates that I am a Participant, or parent/guardian of a Participant, in the Cebrin Goodman Teen Institute (CGTI) program, and I agree with, accept, and acknowledge the information contained in the Consent for Medical Treatment.

I understand that basic first aid treatment will be available at the Institute and, if necessary, I will be taken to a local hospital or medical center if further medical attention is required due to injury or illness. I acknowledge that I am responsible for any charges incurred in the treatment at a hospital or medical center and by any necessary physicians.

I understand that if emergency treatment or surgery is necessary, CGTI or medical personnel will attempt to notify me or the emergency contact listed in this application. In the event that efforts to contact me or my emergency contact are unsuccessful, or I am unable to consent, I hereby authorize CGTI personnel the right to consent on my behalf.

Signature: _____ **Date:** _____

Parent/Guardian Signature (Required): _____ **Date:** _____

PARTICIPANT CONSENT & RELEASE OF LIABILITY

Drug-Free Agreement: PARTICIPANT INITIALS: _____

Additionally, by signing this agreement, I commit to a healthy lifestyle where I do not use alcohol, legal drugs illegally nor do I use any illicit drugs. I also agree that during my time at the Cebrin Goodman Teen Institute (CGTI), I will refrain from using alcohol, all drugs, both legal and illegal, including all forms of tobacco, with the exception of prescription medications that must be reported on this application.

Consent and Release of Liability PARTICIPANT INITIALS: _____

I am a participant in the Cebrin Goodman Teen Institute (CGTI) program. My signature on this application indicates that I acknowledge and accept the information contained in this document. I understand that all participants and volunteers in the CGTI program must follow the rules of CGTI as well as those of Eastern Illinois University (EIU). I understand and hereby agree that I will be dismissed from the program for any violation of any of those rules. I further agree to immediately leave or make arrangements to leave the program if I am dismissed for any rules violation. Moreover, I understand that in the event I am dismissed from the program for a rules violation I will not receive a refund of the CGTI program fee. I further give my permission to be photographed or videotaped during attendance at CGTI and for the photographs and/or videos to be used for promotional purposes. I understand that I will not receive payment for the use of such photos. I acknowledge and accept that I will participate in an anonymous program evaluation survey and this data will be used to evaluate overall program effectiveness. I also give permission for my contact information to be released to my fellow participants and CGTI volunteers for the purpose of following up with me and providing support following the CGTI event.

For the consideration of participation in the CGTI program, I hereby release and hold harmless CGTI, the Illinois Alcoholism and Drug Dependence Association (IADDA), the Illinois Department of Human Services, and EIU, as well as their officers, employees, volunteers or agents, and any medical treatment personnel selected, from any and all liability or damages, including accidental injury or illness, which may result from my attendance at, participation in, or transportation to/from the CGTI program. I further release and hold harmless CGTI, IADDA, the Illinois Department of Human Services, and EIU, as well as their officers, employees, volunteers or agents, and any medical treatment usage by me of the medications listed above and/or the administration of such medications by CGTI staff to me, including the possession, self-administration, or use of an epinephrine auto-injector or inhaler pursuant to 410 ILCS 607. Furthermore, I recognize that the use of all CGTI program equipment and facilities have inherent risks of injury. For the consideration of participation in the CGTI program, I hereby release and hold harmless CGTI, IADDA, the Illinois Department of Human Services, and EIU, as well as their officers, employees, volunteers or agents, from any and all liability or damages, including accidental injury or illness, which may result directly or indirectly from my use of CGTI program equipment and facilities. My initials above and signature below indicates I have read all above information in this application including the Release of Liability and I acknowledge and accept these provisions. My signature further indicates that all statements made in this application are true and correct to the best of my knowledge, that I accept and agree to comply with all provisions, and that I will abide by the consequences if I choose to disregard or violate them.

Participant Signature: _____ **Date:** _____

Parent/Guardian Signature (Required): _____ **Date:** _____

TRANSPORTATION

Bus Transportation Fee: \$20

Illinois Sheriffs' Association does not cover the \$20 transportation fee.

Your check for \$20, payable to IADDA, must be attached with this application to reserve a seat.

Please check one transportation option:

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> I will provide my own transportation (no cost) | <input type="checkbox"/> Peoria | |
| <input type="checkbox"/> Schaumburg | <input type="checkbox"/> Wilmington | <input type="checkbox"/> Bloomington |
| <input type="checkbox"/> Elmwood Park | <input type="checkbox"/> Champaign | <input type="checkbox"/> Springfield |

If you are using transportation, the fee must be included. **Transportation will not be reserved without payment.** Transportation is roundtrip from the same pick-up and drop-off location. If you are using transportation, you will receive a confirmation email with times and locations for pick-up/drop-off as the date gets closer. Locations are subject to change and you will be notified of any changes via email. **Transportation is limited and is a first come, first serve basis.**

Parent/Guardian Signature (required): _____

PAYMENT INFORMATION

Submitting your application to the Illinois Sheriffs' Association (ISA) does not guarantee funding for the participant to attend CGTI. IADDA will notify you in May if your application has been awarded a scholarship from the ISA.

REFUND POLICY

- IADDA reserves the right to reject an application if it is inaccurate, incomplete, or the applicant does not meet the admission requirements.
- If you have any questions or concerns, please email Ashley Webb, Prevention Program Manager, at awebb@iadda.org or call 217.528.7335 ext. 12.

Send completed application to:
Illinois Sheriffs' Association
401 E Washington St.
Springfield, IL 62701